

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF  
USA

COURT CASE NUMBER  
5:17-CV-406-FL

DEFENDANT  
Boyd's Personal Property, et al.

TYPE OF PROCESS  
Complaint for Forfeiture/Warrant

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Assorted Rounds of Ammunition and Various Weapon Accessories and Tactical Equipment as Listed on the  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Complaint for Forfeiture In Rem filed in this action at DE#1 CATS Nos. 09-FBI-007506 and 09-FBI-007509

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

STEPHEN A. WEST  
U. S. Attorney's Office  
310 New Bern Avenue, Federal Building, Suite 800  
Raleigh, NC 27601-1461

Number of process to be  
served with this Form 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

USAO: 2012V00521

/s/ STEPHEN A. WEST, AUSA/bh

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER  
919-856-4530

DATE  
8/17/17

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process  
\_\_\_\_\_

District of  
Origin  
No. \_\_\_\_\_

District to  
Serve  
No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date  
8/18/17 Time  
8:10 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

**\$0.00**

REMARKS:

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment,  
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR E

**GOVERNMENT  
EXHIBIT**